Elective Surgery Information System (ESIS) User Manual

13th Edition 2010–11

Section 2 Concept and Derived Data Item Definitions

ESIS Manual Sections

The Elective Surgery Information System (ESIS) Manual sections are:

Click Section Number ⬇	**Please follow the arrow and click the manual section number you require.**
Glossary	**Lists the terms and abbreviations used in the ESIS manual.**
Section 1	**ESIS Manual Introduction** **Provides information on the development and purpose of the ESIS data collection, scope and coverage, contact details and a list of relevant abbreviations.**
Section 2	**Concept and Derived Item Definitions** **Provides definitions of concepts that are the foundation of the ESIS collection and information that the department derives from the data submitted.**
Section 3a	**Data Definitions** **Details the specifications of data items relating to individual waiting episodes for reporting to ESIS.**
Section 3b	**Details the technical or database elements required for submission of ESIS data.**
Section 4	**Business Rules** **Draws together a number of concepts and data items as well as describing the technical functions of the ESIS processing.**
Section 5	**Compilation and Submission** **Specifies the required format of ESIS records submitted to AED. It includes details such as file naming conventions, file structures, reporting requirements, data security, test submission and system migration.**
Section 7	**Editing** **Each ESIS edit message is listed in this section in numerical order. The entry for each edit message describes the problem and the remedy.**
Section 8	**Supplementary Code Lists** **http://www.health.vic.gov.au/hdss/reffiles/index.htm**

Contents

SECTION 2: Concept & Derived Item Definitions

This section lists concept definitions relating to the Elective Surgery Information System (ESIS) and, where appropriate, provides a guide for their use.

The definitions contained in this section are based, wherever possible, on the National Health Data Dictionary (NHDD) and the Department of Health Common Client Dataset (CCDS).

Admission for the Awaited Procedure

Definition   The patient has been admitted and has received the awaited procedure or a related procedure that addresses the clinical condition for which they were placed on the Waiting List.

Guide for use   The procedure may have been performed in an admission:

- as planned by this campus/health service, or

- that was not planned by this campus/health service.

See Section 3a Reason for Removal

      Section 4 Reason for Removal and Date of Admission
             Reason for Removal and Destination
             Reason for Removal, Date of Admission and Scheduled Admission Date

Age

Definition   The age of the patient at a given point in time.

Guide for use   For the purposes of editing, Age can be considered to be the time elapsed between the Date of Birth and a later reference point, for example, Extract End Date or Census Date. Depending on the edit, the units of measurement for Age will be either years or days.

If all of a patient's waiting list episodes have been removed (completed), the reference point is the patient's most recent Removal Date.

If a patient has any unremoved episodes, the reference point is the extract end date of the submission file.

	Calculation	Examples	
Age in Years:	If the Date of Birth months and days are less than or equal to the months and days of the reference point, then, Age is the number of years between the Date of Birth and the reference point.	Date Of Birth:	12 July 1970
		Date of most recent removal:	5 August 2009 (2009 minus 1970)
		Age in years:	= 39 years
		Date Of Birth:	1 July 1920
		Extract End Date of most recent submission:	1 November 2009 (2009 minus 1970)
		Age in years:	= 89 years
	If months and days of Date of Birth are greater than the months and days of the reference point then Age is the number of years between Date of Birth and the reference point **minus 1**.	Date Of Birth:	12 December 1970
		Date of most recent removal:	5 August 2009 (2009 minus 1970 **minus 1)**
		Age in years:	= 38
		Date Of Birth:	12 July 1970
		Extract End Date of most recent submission:	25 May 2009 (2009 minus 1970 **minus 1**)
		Age in years:	= 38 years

Guide for use (Cont'd)

	Calculation	Examples	
Age in Days:	Number of Days between Date of Birth and the reference point.	Date Of Birth:	1 June 2009
		Extract End Date of most recent submission:	1 December 2009
		Age in days:	= 183 Days
		Date Of Birth:	1 December 2008
		Date of most recent removal:	1 December 2009
		Age in days:	= 365 Days

Note: Age for reporting purposes is not addressed here and is not necessarily calculated the same way. Consult the source of the reports for their age calculations.

Campus

Definition   A physically distinct site owned or occupied by a public health service/hospital, where treatment and/or care is regularly provided to patients.

Guide for use   A single campus hospital provides admitted patient services at one location, through a combination of overnight stay beds and day stay facilities, or day stay facilities only.

Unless designated otherwise by Department of Health, a multi-campus hospital has two or more locations providing admitted patient services, where the locations:

- are separated by land (other than public road) not owned, leased or used by that hospital

- have the same management at the public health service/hospital level

- each has overnight stay facilities. A separate location (see first dot point) providing day only services, such as a satellite dialysis unit, is considered to be part of a campus

- are not private homes. Private homes where hospital services are provided are considered to be part of a campus.

Data is not always submitted to ESIS at the campus level. For health services managing their waiting list centrally, data may be submitted at the health service level.

See   This Section   Health Service

Census Date

Definition   A Census Date is a date on which a snapshot of certain features of a population of interest is taken.

Guide for use   Used by Department of Health for reporting purposes, not part of the raw data submitted to ESIS.

See   This Section   Total Days Not Ready For Care

Total Waiting Time

Deletion

Definition   The purging of a record (a row of data) from Patient, Episode and Intra Episode data, which was reported to ESIS in error.

Guide for use   Deletion is effected by the transmission of a 'deletion trigger'. This tells the ESIS editing system to remove a particular row of data, based on the Primary Key.

A deletion trigger should be submitted to purge a record that has already been reported to ESIS. Only use it if a row of data has been inadvertently reported to Department of Health and it does not represent what actually happened to the patient.

Deletion is not analogous to the 'removal' of a patient's waiting episode from the waiting list, because:

removal only relates to episode-level data, and

deleted data no longer exists in Department of Health reporting database whereas an episode with removal details does exist, but the patient in question is no longer waiting for the procedure in question.

See   Section 4   Deletion

Elective Care

Definition   Care that, in the opinion of the treating clinician, is necessary and admission for which can be delayed for at least twenty-four hours.

Elective Surgery Access Service

Definition   The Elective Surgery Access Service (ESAS) is an initiative of the Victorian Government. It assists semi-urgent (Urgency Category 2) and non urgent (Urgency category 3) elective surgery patients with long waiting times to receive treatment earlier, by arranging surgery at a hospital, that has the capacity to treat their condition.

Extract

Definition   An ESIS extract is a tab-delimited text file generated by health service waiting list management software, and sent to Department of Health as part of a submission. Extracts contain structured data about varying aspects of waiting list activity. Extracts must conform to a specified structure and a naming convention.

See   Section 5   Submission

Foreign Key

Definition   A field or combination of fields used to create a relationship between tables in a relational database (such as ESIS). The Foreign Key in Table A is the Primary Key in Table B.

Guide for use   The Foreign Key in the Intra-Episode table (Episode Identifier) is the Primary Key in the Episode table.

The Foreign Key in the Episode table (Patient Identifier) is the Primary Key in the Patient table.

See   This Section   Primary Key
                                          Relation

Health Service

Definition   A hospital campus or health service that manages a Waiting List and submits ESIS data to the Department of Health.

Guide for use   Many health services see advantages in managing their Waiting Lists centrally. Therefore ESIS accommodates reporting at both the campus and the health service level.

Hospital

Definition A health care facility established under Commonwealth, State or Territory legislation as a hospital or a freestanding day procedure unit, and authorised to provide treatment and/or care to patients.

Guide for use A hospital may be located at one physical site or may be a multi-campus hospital. For the purposes of these definitions, 'hospital' includes satellite units managed and staffed by the hospitals and private homes used for service provision under the Hospital in the Home program.

The definition includes:

- public hospitals, denominational hospitals, public health services, and privately operated (public) hospitals as defined in the *Health Services Act 1988*, as amended

- private hospitals and day procedure centres registered under the Victorian *Health Services Act 1988*, as amended. Private hospitals are required to maintain separate registrations for each site.

Nursing homes and hostels, which are now approved under the Aged Care Act 1997 (Commonwealth) are excluded from the definition, as are supported residential services registered under the *Health Services Act 1988*, as amended.

See This Section Campus

          Transfer

Hospital Initiated Postponement

Definition A postponement of a patient's Scheduled Admission Date that has been initiated by the hospital.

Guide for use For calculation of performance indicator data.

Refer to the *2010-11 Statement of Priorities and Performance Framework Business Rules,* published on the following website:

http://www.health.vic.gov.au/hospital-performance/index.htm

See Section 3a Reason For Scheduled Admission Date Change

    Section 3b Event Type
          Scheduled Admission Date Identifier

Intra Episode Event

Definition   A change in state or status of a waiting list episode occurring during that episode.

Guide for use   Intra Episode Events occur when:

- the patient's Clinical Urgency is set or changed

- a Scheduled Admission date is advised

- a Scheduled Admission date is changed and the reason for this recorded

- a MAPT (Multi-Attribute Prioritisation Tool) score is recorded.

Intra Episode Events are reported in the Intra Episode Event table. They are described by five fields and are uniquely identified by the Episode Identifier, Event Type, Event Date and SAD Identifier.

See   Section 3b   Event Date
                                          Event Type
                                          Event Value

          Section 4   Scheduling or Booking
                                          Intra Episode Events

Label

Definition   The field identifier that appears as a column heading in the first row of a text extract.

Guide for use   A label represents a field name. In the ESIS submission process, the difference between the label and the field name itself is that the label will substitute spaces with underscores.

For example:

- in the episode level text extract, the field name Insurance Declaration has the label Insurance_Declaration.

Labels remove the requirement for fields to be submitted in a specified order.

Medicare Eligibility Status - Eligible Person

Definition
The patient's eligibility for Medicare as specified under the *Commonwealth Health Insurance Act 1973.*

Persons eligible for Medicare include:

- a person who resides in Australia and whose stay in Australia is not subject to any limitation as to time imposed by law

- persons visiting Australia who are ordinarily resident in Finland, Ireland, Italy, Belgium, Malta, the Netherlands, New Zealand, Norway, Sweden or the United Kingdom as they are covered by Reciprocal Health Care Agreements (RHCA); however, persons from Malta and Italy are covered for six months only

- a person or a class of persons declared eligible by the Commonwealth Minister for Health and Aged Care.

Guide for use
This category does not include a foreign diplomat or family (except where eligibility is expressly granted to such persons by the terms of a Reciprocal Health Care Agreement).

An asylum seeker who has a valid temporary entry visa, and is an applicant for a protection visa and has work rights or a spouse, parent or child who is a permanent Australian resident, is eligible to apply for a Medicare card and is therefore an eligible person once they have their Medicare card.

It should be noted that in some cases where the patient is an 'eligible person' they personally, or a third party could be liable for the payment of charges for hospital services received by:

- Prisoners

- Patients with Defence Force personnel entitlements

- Compensable patients

- Department of Veterans' Affairs beneficiaries

- Nursing Home Type patients.

A newborn will usually take the Medicare eligibility status of the mother; however, the eligibility status of the father will be applied to the newborn if the baby is not eligible solely by virtue of the eligibility status of the mother.

For example:

- If the mother of a newborn is an ineligible person but the father is eligible for Medicare, then the newborn will be eligible for Medicare.

Categories of Eligibility

A person eligible to receive Medicare benefits will be one of the following:

- an Australian Resident

- an Eligible Overseas Representative

- a person declared eligible by the Minister

- a person from a country with which Australia has a Reciprocal Health Care Agreement.

Australian Resident

A person who resides in Australia and fulfils one of the following criteria:

- is an Australian citizen

- holds an entry permit not being a temporary entry permit

- holds a return endorsement or resident return visa

- has been granted refugee status

- is the holder of a valid temporary entry permit with an application for permanent residence, and has a spouse, parent or child who is the holder of a permanent entry permit, or has authorisation to work.

Patients in this category will hold a green Medicare Card or (if legally eligible and entitled to all health services with no restrictions) an Interim blue Medicare Card (also entitled to all health services with no restrictions).

Australians lose entitlement to Medicare if they have been living out of the country for five or more years (as do others with permanent visas for Australia). To become re-entitled to Medicare, they need to prove that they have returned to Australia to live by providing such documents as lease papers or employment statements.

Eligible Overseas Representative

A member of diplomatic or consular staff or a member of their family, or of a diplomatic mission of a country with which Australia has a Reciprocal Health Care Agreement (RHCA), except New Zealand.

Eligible overseas representatives have full Medicare eligibility and are not limited to immediately necessary medical treatment. Such persons are issued with a green Medicare Card endorsed 'Visitor RHCA'.

Persons Declared Eligible by the Minister

The Commonwealth Minister for Health and Aged Care also has a discretionary power to make persons eligible for Medicare. Such persons are eligible for, and generally will hold, a Medicare card.

Reciprocal Health Care Agreements (RHCA)

Agreements negotiated by Australian authorities with other countries that enable visitors to Australia, who are ordinarily resident in a country with which Australia has a RHCA, to access immediately necessary treatment of ill health arising during the stay and which requires attention before the patient returns home: pre-arranged and elective treatment is not covered. This agreement provides for admitted patient care, but only as a public patient, for such medical treatment as is clinically necessary for the diagnosis, alleviation or care of the condition requiring attention, on terms no less favourable than would apply to an Australian resident.

A RHCA patient may hold yellow-green RHCA Medicare Card (a lighter version of the green card). Not all persons entitled to care under a RHCA will hold a RHCA card.

The RHCA countries at June 2009 are:

- Finland
- Ireland
- Italy (Note 1)
- Belgium
- Malta (Note 1)
- Netherlands
- New Zealand (Note 2)
- Norway
- Sweden
- United Kingdom (Note 3).

Note:

1. Persons from Italy and Malta are Medicare eligible for the first six months of their visit only commencing on the date of arrival, except where a continuing course of treatment starts before and extends over the six-month limit.

2. New Zealand diplomats and their families are not included in the Australian/New Zealand RHCA and are therefore not eligible persons.

   For New Zealand residents, Medicare cover for private medical treatment was removed from September 1999. Medicare cards are no longer issued to New Zealand residents.

3. United Kingdom incorporates residents of England, Scotland, Wales, Northern Ireland, Isle of Man and the Channel Islands.

4. Persons from Belgium require a European Health Insurance card to enrol in Medicare. They are eligible until the expiry date indicated on the card, or the length of their authorised stay if earlier.

Students holding student visas from a country with which Australia has a RHCA are not eligible but should register with the Overseas Student Health Cover administered by Medibank Private.

Hospitals who are having difficulty in determining the eligibility for overseas residents should ring Medicare on 132011 (Medicare hotline) for advice between 8.30 am – 5.00 pm, Monday to Friday while the patient is still in hospital.

Backdating Medicare Eligibility

In the past there have been queries regarding the backdating of Medicare eligibility. Medicare Australia has provided the following answers to commonly asked questions.

Question: Does the backdating of Medicare eligibility occur?

Answer: Yes, infrequently.

Question: What evidence should the patient present to the hospital to show that they have been given backdated eligibility?

Answer: A letter from Medicare Australia, on Medicare Australia letterhead.

Question: Is the hospital obliged to return the money paid by the patient when they have been given backdated Medicare eligibility?

Answer: Yes. Hospitals should refund the money, and change the Account Class for the episode.

Question: Should the hospital check information regarding backdated Medicare eligibility with Medicare Australia prior to a refund?

Answer: No. Medicare Australia would not release this information due to Privacy legislation.

See   This Section   Medicare Eligibility Status – Ineligible Person

       Section 3a   Insurance Declaration
                     Medicare Number
                     Medicare Suffix

Medicare Eligibility Status – Ineligible Person

Definition The patient's eligibility for Medicare as specified under the *Commonwealth Health Insurance Act 1973.*

Persons ineligible for Medicare include:

- those who do not fit into one of the categories of eligibility

- a visitor to Australia from a country with which Australia has a Reciprocal Health Care Agreement who elects to be treated as a private patient

- a foreign diplomat, or a member of their family, from a country with which Australia does not have a Reciprocal Health Care Agreement.

Guide for use Types of Ineligible Patient:

Exempt Patient

- An ineligible, non Australian resident specifically referred to Australia for hospital services not available in the patient's own country and for whom the Secretary of the Department of Health has determined that no fee be charged; or

- A person who has been declared a safe-haven resident and whose treatment is provided or arranged by a designated hospital

- Medicare Ineligible Asylum Seekers.

Non-Exempt Patient

An ineligible patient not exempted from fees by the Secretary of the Department of Health.

Under current legislation non-exempt ineligible patients cannot be categorised as Nursing Home Type. Non-exempt ineligible patients otherwise meeting Nursing Home Type patient criteria are deemed to be Non Acute ineligible patients.

See	This Section	Medicare Eligibility Status – Eligible Person
	Section 3a	Insurance Declaration
		Medicare Number
		Medicare Suffix

Postponement

Definition
Postponement occurs when a Scheduled Admission Date for a planned procedure is put off to a later date.

Guide for use
For ESIS purposes, a postponement is considered to have occurred for all cancelled Scheduled Admission Dates where the Reason for Scheduled Admission Date Change is other than 130-Booking brought forward.

See	This Section	Hospital Initiated Postponement
	Section 3a	Reason for Scheduled Admission Date Change
	Section 3b	Event Type

Primary Key

Definition
A field or fields that uniquely identify a row (record) within a table.

Guide for use
In the Patient Table, the Primary Key is the Patient Identifier.

In the Episode Table, the Primary Key is the Episode Identifier.

The Episode Table contains the Patient Identifier as the Foreign Key, which enables a relationship to be established with the Patient Table.

In the Intra episode Table, the Primary Key is a composite of the Episode Identifier, Event Type, Event Date and Scheduled Admission Date Identifier. The Episode Identifier also acts as a Foreign Key joining back to the Episode table.

See	This Section	Foreign Key
		Relation

Procedure

Definition
A clinical intervention that:

- is surgical in nature; and/or

- carries a procedural risk; and/or

- carries an anaesthetic risk; and/or

- requires specialised training; and/or

- requires special facilities or equipment only available in an acute care setting.

Procedures reported to ESIS

Definition   Elective surgery where the procedures required by the patient are listed in the surgical operations sections of the Medicare Benefits Schedule, with the exclusion of specific procedures commonly performed by non-surgical clinicians.

See   Section 3a   Principal Prescribed Procedure

            Section 4   Common procedures that are not considered to be elective surgery

Procedures not reported to ESIS

Definition   Procedures where the waiting time cannot be controlled. For example, caesarean sections and organ transplants.

Guide for use   For patient management purposes, hospitals may choose to maintain episodes of patients awaiting such procedures on their in-house waiting list systems. These episodes must not be extracted and reported to ESIS.

It is common practice for hospitals to assign a PPP code of '200' to these procedures.

            Section 4   Common procedures that are not considered to be elective surgery

Referential Integrity

Definition   Referential integrity ensures relationships between records in related tables are valid.

Guide for use   Every Intra Episode event record needs to have a 'parent' Episode record and every Episode record needs to have a 'parent' Patient level record.

Referential Integrity Rejection Edits will be triggered where an:

- Episode record has no related Patient record

- Intra Episode record has no related Episode record.

Primary Key/Foreign Key Changes

There are very limited circumstances where Primary and Foreign Keys can change. These are discussed in Section 4 Merging identifiers.

See   This Section   Foreign Key
                               Primary Key

            Section 4   Merging Patient Identifiers

            Section 5   Referential Integrity

Registration—Administrative

Definition   The administrative process whereby the hospital/health service accepts notification that a patient requires admission for elective care.

Guide for use   The acceptance of the notification by the hospital/health service is conditional upon the provision of adequate information about the patient and the appropriateness of the patient referral.

Hospitals are expected to administratively register the episode within three days of receipt of the referral form.

Further information is available from the State-wide Surgical Services Program. http://www.health.vic.gov.au/surgery/wl.htm

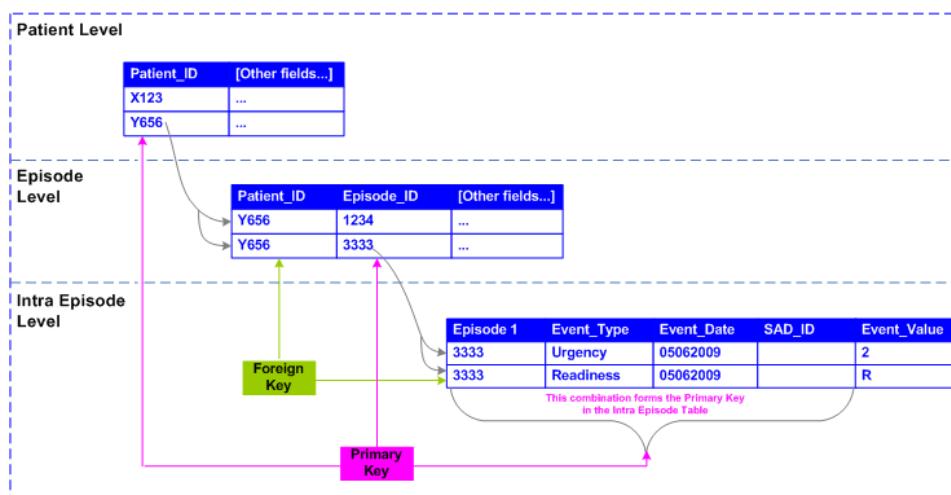See   Section 3a   Administrative Registration Date

Registration—Clinical

Definition   The clinical assessment at which it was agreed that surgery was required.

Guide for use   The date of the clinical assessment (known as the Clinical Registration Date) should be recorded on the waiting list referral form by the surgeon.

Further information is available from the Statewide Surgical Services Program. http://www.health.vic.gov.au/surgery/wl.htm

See   Section 3a   Clinical Registration Date

Relation

Definition   A table that is related to another table or tables in the database via Primary or Foreign Keys.

Relationship between ESIS Tables

See   This Section   Foreign Key
                              Primary Key

Removal

Definition   The patient is removed from the waiting list when they are no longer waiting for their elective surgery. This may be because the surgery has been performed, is no longer required, the patient has been unable to be contacted, or another reason.

Guide for use   The Removal Date is the date on which this event occurs.

The reason for removal is identified by the appropriate code for the event that removes the patient from the waiting list.

See   Section 3a   Reason for Removal
     Removal Date

Submission

Definition   An ESIS submission is a zipped, encrypted collection of extracts that are transmitted to Department of Health.

Submissions are intended to contain:

- new data relating to hospital waiting list activity up to a given extract end-date, and:
- updates (including data corrections), and
- deletion of previously transmitted data.

See   This Section   Extract

     Section 5   Data Submission

Table

Definition   A collection of data representing a single specific subject organised by fields (columns) and records (rows). A record represents a unique instance of the subject of the table. A field represents a characteristic of the subject of the table.

Guide for use   The ESIS structure is divided into the following five tables:

Patient table represents data that describe the patient, such as sex, rather than the episode. Although many of these features may change over time, they should remain consistent across any waiting episodes that exist concurrently for the patient.

For example:

- if a patient was simultaneously waiting for a hip replacement and a cholecystectomy, values in fields such as Sex, Postcode, Locality, and Indigenous Status will be consistent across those waiting episodes.

Episode table represents data that describe the episode. Most of these features should only occur once per episode.

For example:

- a patient can only be registered once per episode.

In some cases, certain features may change but it is not essential to maintain a history of the changes.

For example:

- although an episode's Principal Prescribed Procedure may change, there will only be one of them at any given point-in-time.

Intra Episode table represents events that may happen multiple times within the episode. Each event must have an Event Date (the date on which the event actually occurred) an Event Type (describing what event has taken place), an Event Value and the Episode Identifier linking the Intra Episode Event to the episode level record.

For example:

- a change in clinical urgency (the type of event) also requires the date of the change and the value of the change to be reported.

Merge table contains rows of pairs of Patient Identifiers. The Patient Identifier being ceased in a merge is paired with the Patient Identifier being retained.

Reconciliation table contains summary statistics to enable the reporting health service to balance against figures generated by HDA following validation of the data submitted.

See   Section 5   Submission

Total Days Not Ready For Care

Definition
A count of the total number of days on which a patient is not ready for care for a particular waiting episode.

Guide for use
Days not ready for care are those in the waiting episode where the Readiness For Care is Clinically Initiated Deferral or Patient Initiated Deferral. The total is derived from:

- Readiness Intra Episode Events
- Clinical Urgency Intra Episode Events
- Clinical and Administrative Registration Dates
- Census Dates
- Removal and Admission Dates

See   Section 3a   Readiness For Care

Total Waiting Time

Definition
The time elapsed (in days) for a patient on the elective surgery waiting list, from the date the patient was registered on the waiting list to a designated census date.

See	This section	Census Date Total Days Not Ready For Care
	Section 3a	Administrative Registration Date Clinical Registration Date Readiness For Care
	Section 4	Calculation of Total Waiting Time

Transfer

Definition
Transfer of responsibility for an ESIS waiting episode from one ESIS health service to another ESIS health service.

See   Section 4   Transfer of Ownership of Waiting Episode.

Urgency Reassignment (Recategorisation)

Definition A change in the patient's Clinical Urgency category (that is, the Clinical Urgency has been reassigned or recategorised).

Guide for use A patient may only be recategorised by the treating surgeon. ESIS can accommodate multiple changes of Clinical Urgency for an episode over time. All Clinical Urgency values for a given episode, over time, are reported as Urgency Intra Episode events.

See	Section 3a	Clinical Urgency
	Section 3b	Event Type
	Section 4	Calculation of Total Waiting Time

Waiting List Episode

Definition The period between entry to and removal from the waiting list for a specific elective procedure.

Guide for use Multiple procedures performed in a single operative episode treating the same clinical condition should be considered, one waiting episode. This includes multiple occurrences of the same procedure.

When a patient requires more than one operative episode, then these should be recorded as separate waiting list episodes (even if these episodes are to treat the same clinical condition).